



Registration Form-- Rec-PAC 2003

HOW TO REGISTER:

1. Read carefully the statements in **Section 1**. Your signature is required on Section 3 giving your permission and acknowledgment of policies and procedures.
2. Turn the page and complete and sign Section 2 by printing information in the spaces provided. **A separate registration form must be completed for each child.**
3. Read Section 3 and follow the direction for determining and identifying the registration fees. ***Note Early Discount**
4. Pre-Registration: **April 28-June 13, 2003**. Save **\$10 per week by Pre-registering**. Mail (with payment and registration form) to FCPA, Rec-PAC Office, 12055 Government Center Pkwy., Suite 927, Fairfax, VA 22035 or fax to (703) 631-2004. When registering by fax, you must include credit card information.
5. Weekly registration: **Walk-in registration may be done at the Rec-PAC site ONLY on Mondays between 8:30am and noon.**
6. Payment: Check, money order or credit card only. No Cash accepted. Make checks payable to FCPA. To avoid confusion, we suggest you take advantage of the pre-registration period or pay for several weeks at one time. Registrations will not be accepted without payment.
7. Refunds: To obtain a refund, please notify the Site Director for regular registration or the Rec-PAC office (703-324-5514) for pre-registration immediately. No refunds will be done after August 29, 2003. Absences and personal scheduling conflicts are not reimbursable.

Section 1 -- Rec-PAC Policies and Procedures

- ✓ Participation: Parents may choose to allow their children to participate the entire day or any portion of the day, the coming and going of participants are the responsibility of the parents. Should a child leave the center for any reason, he/she will no longer be the responsibility of FCPA. Working parents must have alternative transportation arrangements in case of emergency, illness, or disciplinary actions. **The program does not open until 8:30am and ends at 3:30pm.** Children must arrive and leave the premises in accordance with these times. Parents arriving late to pick up children will be charged \$5 for every 15 minutes the child is left at the center.
- ✓ Behavioral Issues: If the actions of a participant cause injury to other participants or staff, FCPA reserves the right to deny his/her continuation in the program. If property is destroyed or damaged, parents or guardians may be required to pay for repairs. Parents and children must sign the "Rules of Conduct" before a child may enter the program. All participants enrolled must be able to demonstrate the following with minimal redirection: (1) participant must be able to maintain personal care without the support of FCPA staff/volunteers, (2) participant must be able to stay with his/her assigned group, and (3) participant must respect others and maintain self control at all times (keeping hands/feet to self, anger management, follow directions, use appropriate language).
- ✓ Medical Emergency: In the event of an emergency, the FCPA employees have permission (in the event I cannot be reached) at my expense to contact our family physician and/or utilize the most convenient rescue services to transport my child to the nearest hospital
- ✓ Liability: On behalf of my child, I recognize the risks inherent to participation in recreational activities and agree to hold harmless the FCPA, its officers and employees/volunteers from any and all claims from bodily injury and/or property damage which result from my child's participation in all activities sponsored by the said department.
- ✓ Photo Release: I understand enrollment grants permission for the use of activity photographs of my child and without limitation, for use of such pictures and/or stories in connection with FCPA purposes.
- ✓ Permission: I hereby grant permission for my child to participate in all activities, programs, special events, and walking/bus trips, including swimming, sponsored by FCPA Rec-PAC.

**Tax Receipts are obtained at your RecPAC location.
Requests must be received by August 8, 2003**

Section 2--Participant Information (please use a separate form for each child)

Please print and complete each line carefully:

Member # (See Parktakes Mailing Label) _____ Parent/Guardian Name _____

Street Address _____ Apt.# _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Emergency Contacts- REQUIRED (other than above home and work numbers):

(1) Name _____ Phone _____ (2) Name _____ Phone _____

Rec-PAC location _____ Week(s): 1 ☐ 6/30-7/3 2 ☐ 7/7-7/11 3 ☐ 7/14-7/18 4 ☐ 7/21-7/25 5 ☐ 7/28-7/31 6 ☐ 8/4-8/7

Child's Name _____ Birth Date ____/____/____ Sex _____ Grade (in fall) _____

Child will be: _____ walking _____ biking _____ transported to the program Is your child attending summer school: Yes ☐ No ☐**Allergies:** ☐ bee stings ☐ insect bites ☐ foods ☐ Other explain: _____

What should be done if your child comes in contact with an allergen: _____

Please tell us if your child has any health problems we should know about: _____

Does your child take medication? ☐ Yes ☐ No Medication: Name/Type _____ For _____

Restrictions _____ Physician _____ Phone _____

☐ My child will need special accommodations. The Access Services Coordinator will contact you regarding your needs. Americans with Disabilities Act (ADA) accommodations require at least 10 days notice prior to participation .**Section 3- Fees and Payments****Pre-Registration April 28 – June 13 (Save \$10 per week by Pre-registering)**

Sliding fee scale based on family's total annual income.

- Find your family's total annual income range in the left hand column and place an "X" in the box.
- Look to the right for the week(s) that your child will attend and place an "X" in the box/boxes.
- Continue to the right for the appropriate registration fee and place an "X" in appropriate box. Calculate the total fee. Payment must be included with registration. Checks or money orders payable to FCPA. Visa/Mastercard payments accepted. CASH IS NOT ACCEPTED.

Income	Week	Fee
<input type="checkbox"/> \$40,000 or higher	Week #1 <input type="checkbox"/> 1, 6 <input type="checkbox"/>	\$65.00 <input type="checkbox"/>
	Week #2 <input type="checkbox"/> 3, 4, 5 <input type="checkbox"/>	\$70.00 <input type="checkbox"/>
	All 6 Weeks <input type="checkbox"/>	\$410.00 <input type="checkbox"/>
<input type="checkbox"/> \$28,000-\$39,999	Week #1 <input type="checkbox"/> 1, 6 <input type="checkbox"/>	\$50.00 <input type="checkbox"/>
	Week #2 <input type="checkbox"/> 3, 4, 5 <input type="checkbox"/>	\$55.00 <input type="checkbox"/>
	All 6 Weeks <input type="checkbox"/>	\$320.00 <input type="checkbox"/>
<input type="checkbox"/> \$17,000-\$27,999	Week #1 <input type="checkbox"/> 1, 6 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>
	Week #2 <input type="checkbox"/> 3, 4, 5 <input type="checkbox"/>	\$35.00 <input type="checkbox"/>
	All 6 Weeks <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
<input type="checkbox"/> \$16,999 or lower	Week #1 <input type="checkbox"/> 1, 6 <input type="checkbox"/>	\$20.00 <input type="checkbox"/>
	Week #2 <input type="checkbox"/> 3, 4, 5 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>
	All 6 Weeks <input type="checkbox"/>	\$140.00 <input type="checkbox"/>

TOTAL AMOUNT PAID \$ _____Payment: ☐ Check (ck # _____) ☐ Money Order (MO # _____) ☐ Scholarship (for application, call 703-324-5514)☐ Credit Card (Visa ☐ MC ☐) Print Name on Card _____

Credit Card # _____ / _____ / _____ Exp Date ____/____/____

Credit Card Signature _____

I certify that I have read and understand all policies and procedures as outlined in Section 1.

Signature of Parent/Guardian _____ Date _____

Signature required to process registration